

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9425000

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		1				51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7	✓		1				57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13	✓		1				63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18	✓		1				68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23							73						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	✓	✓	✓	✓	✓	✓	TOTAL IND.	✓	✓	✓	✓	✓	✓
TOTAL DEP.	✓	✓	✓	✓	✓	✓	TOTAL DEP.	✓	✓	✓	✓	✓	✓
TOTAL CLAIMS	✓	✓	✓	✓	✓	✓	TOTAL CLAIMS	✓	✓	✓	✓	✓	✓

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